A

Please type a plus sign (+) inside this box — + Approved for use through 10/31/2002. OMB 0851-0032
Patient and Trademark Office. U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No. 14690,006US

First Inventor MYERSON

Title POLARIZATION SWITCHING TO CONTROL CRYSTAL FORM

Only for new	v nonprovisional applications under 37 CFR 1.53(b))	Express N	naii Ladei No.		EL 77	3577955 US	_		
APPLICATION FLEMENTS Assistant Commissioner for Patents									
See MPEP	APPLICATION ELEMENTS  chapter 600 concerning utility patent application of	ontents	ADD	RESS TO: 1	Box Pater	t Application on, D.C. 20231			
[.] F	ee Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee processin		-ROM or CD-I	R in dup	licate, large table or	2			
[] A	pplicant claims small entity status. ee 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
	pecification [Total Pages preferred arrangement set forth below)	a. Computer Readable Form (CRF)							
	Descriptive title of the invention Cross Reference to Related Applications		b. Specification Sequence Listing on:						
-	Statement Regarding Fed sponsored R & D Reference to sequence listing, a table.			ii. 🔲 paper			, 1		
	or a computer program listing appendix Background of the Invention		c. Statements verifying identity of above copies						
	Brief Summary of the Invention		ACCOMPANYING APPLICATION PARTS						
	Brief Description of the Drawings (if filed) Detailed Description								
	Claim(s)					er sheet & document(s)	)		
	Abstract of the Disclosure		IU. (wh	CFR 3.73(b) S en there is an as	signee)	Power of All	omey		
. 🗸 .	Drawing(s) (35 U.S.C. 113) [Total Sheets	9 1	- Inte	glish Translation Imation Disck		ment (if applicable)  Copies of ID	is.		
	Declaration	2 ,	Sta	tement (IDS)/F	PTO-14		•		
a.	Newly executed (original or copy)		H	iliminary Amer turn Receipt P		(MDED 503)			
b. [	Copy from a prior application (37 CF		14. (Sh	ould be specifica	Illy itemiz	ed)			
٠. ا	(for continuation/divisional with Box 18 con		15 (if fi	oreign priority is o	claimed)	• • •			
	i. DELETION OF INVENTOR(S			quest and Cert	tification	under 35 U.S.C. 122 est attach form PTO/SB	V35		
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR    (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.									
1.63(d)(2) and 1.33(b).  Application Data Sheet, See 37 CFR 1.76  17. Other:									
8. If a C	ONTINUING APPLICATION, check appropriat	e box, and s	upply the requisite i	nformation below	and in a	preliminary amendment,			
r in an Appli	cation Data Sheet under 37 CFR 1.76:								
∐0	ontinuation Divisional Continua	ation-in-par	t (CIP) of prior	application No	).;				
Pror	application information: Examiner	es disalas	o of the prior con	Group / Art	Unit	onth or dealeration is a			
inder Box & eference. T	IUATION OR DIVISIONAL APPS only: The entir b, is considered a part of the disclosure of the he incorporation can only be relied upon when a	e disclosur e accompan a portion ha	ying continuation s been inadvertent	or divisional a by omitted from	pplicatio the sub	n and is hereby incorpor mitted application parts.	ated by		
	19. COI	RESPO	NDENCE ADD	RESS					
Custo	omer Number or Bar Code Label	02287	70	or E	Com	espondence address below	,		
	(Insert Custome		ach bar code label h	ere)					
Name	Laurence P. Colton								
	TECHNOPROP COLTON LLC								
Address	PO Box 567685								
Oit.	1.2.	Otata		7/-	0.4.	21100 0000			
Country	Atlanta US Tel	State	GA 770 572 0762	Zip	Code	31156-7685			
Country		lephone	770.522.9762		Fax	770.522.9763			
Name	(Pnnt/Type) Laurence P. Colton		Registra	tion No. (Attorne	y/Agent)	33,371	_		
Signa	ture Source A Vall				Date	28 September 2001	,		

Bursen Hour Statement. This form is sylimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any washington, DC 20231. Do Not SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND OT. Assistant Commissioner for Patients, Box. Patent Applicable, Washington, DC 20231.

TOTAL AMOUNT OF PATIMENT	\$300.00	Attorney Docket No.	14690.006US				
TOTAL AMOUNT OF PAYMENT	\$580.00		11/00 00 (710				
		Group Art Unit					
Patent fees are subject to annu	ual revision.	Examiner Name					
20.44		First Named Inventor	MYERSON, Allan S.				
101 1 1 20	וייי	Filing Date					
for FY 20	าก4 ไ	Application Number					
∓EE TRANSN	MITTAL	Complete if Known					
		coporia to a conceptor or mor	materi unicas it displays a valid CMD control number.				
der the Panerwork Reduction Act of 1995, no	nersons are required to r	espond to a collection of infor	ademark Office: U.S. DEPARTMENT OF COMMERCE mation unless it displays a valid OMB control number.				

TOTAL AMOUNT OF PAYMENT \$580		Group Art Unit  O.00 Attorney Docket No.			14690.006US					
			THORICY BOOKET NO. 1407010000							<u> </u>
METHOD OF PAYMENT			FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:			3. ADDITIONAL FEES Large Entity Small Entity							
Deposit Account				Fee Code	Fee (\$)		Fee [	Description	1	Fee Paid
Number		Code 105	130	205		Surch	arge - late	filing fee or o	ath	
Deposit Account Name		127	50	227	25	Surch		provisional fil	ing fee or cover	
Charge Any Additional Fee Required		139		139			English sp			
Under 37 CFR §§ 1 16 and 1 17  Applicant claims small entity status		147							e reexamination	
See 37 CFR § 1 27		112	920*	112	920*	Requi		ication of SIR	prior to Examiner	
2. Payment Enclosed:		113	1,840*	113	1,840*	Requi	esting publ	ication of SIR	after Examiner	
	oney Other	115	110	215	55			ly within first	month	
FEE CALCULATION		116	390	216	195	Exten	sion for rep	oly within seco	ond month	
1. BASIC FILING FEE		117	890	217	445	Exten	sion for reg	oly within third	i month	
Large Entity Small Entity		118	1,390	218	695	Exten	sion for rep	oly within four	th month	
Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid	128	1,890	228				oly within fifth	month	
101 710 201 355 Utility filing fee	355.00	119	310	219			e of Appea			
106 320 206 160 Design filing fee		120	310	220	155	Filing	a brief in s	upport of an a	appeal	
107 490 207 245 Plant filing fee	15 Plant filing fee			221	135	Requ	est for oral	hearing		
108 710 208 355 Reissue filing fee		138	1,510	138	1,510	Petiti	on to institu	ite a public us	se proceeding	
114 150 214 75 Provisional filing fee	e	140	110	240	55	Petiti	on to revive	- unavoidabl	le	
SUBTOTAL (1)	\$355.00	141	1,240	241	620	Petitio	on to revive	- unintention	nal	
2. EXTRA CLAIM FEES			1,240	242	620	Utility	issue fee	(or reissue)		
Fe	e from	143	440	243	220	Desig	n issue fee	•		
	9.00 = 225.00	144	600	244	300	Plant	issue fee			
Independent 3 344 - 0 Y	9.00 = 225.00 40.00 = 0.00	122	130	122	130	Petro	ons to the	Commissione	r	
Claims Multiple Dependent	0.00 = 0.00	123	50	123	50	Proce	essing fee i	under 37 CFR	R § 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Descri		126		126	180	State	ment	nformation Dis		
Code (\$) Code (\$)		581	40	581	40	Reco (time	rding each s number c	patent assigr f properties)	nment per property	
103 18 203 9 Claims in excess		146	710	246	355	Filing	a submiss	ion after final	rejection	
102 80 202 40 Independent clain 104 270 204 135 Multiple dependen	ns in excess or 3 nt claim, if not paid	149	710	249	355	Fore		nal invention	to be examined	
109 80 209 40 ** Reissue indepe		179	710	279	355			itinued Exami	nation (RCE)	
over original par		169	900	169	900	Requ	est for exp	edited examir	nation	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			her fee (	specify	)	orac	reary i appi	ication .		
SUBTOTAL (2)	\$225.00									
**or number previously paid, if greater; For Re	*Re	educed t	y Bası	c Filing	Fee P	aıd	SUBTOTA	AL (3)	\$0.00	
SUBMITTED BY								Complete (if	applicable)	=
Name (Pont/Type) Laurence	D. Colson	- T	Registra	ation N	α T	33	371	Telenhone	770 522 5	2762

Signature 28 September 2001

> WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMST OT THIS ADDRESS. SEND TO: Assistant Commissioner for Patient, amplington, DC 2023 (Inc.).